U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 656 | 2. Fiscal Year Covered From: | | | |
|--|--|--|--|--|
| | 01 / 01 / 2004 Through: 12 / 31 / 2004 | | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | | |
| Name Scott L Ritzinger | Name Teamsters Local Union 541 | | | |
| | Labor Organization File Number 016-715 | | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | | |
| Street 4501 Emanuel Cleaver II Boulevard | Street 4501 Emanuel Cleaver II Boulevard | | | |
| City Kansas City Contained to the conta | City Kansas City | | | |
| State MO ZIP Code +4 64130-2368 | State MO ZIP Code + 4 64130-2368 | | | |
| 5. Position in labor organization. Business REpresentative/C | The state of the s | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization. 3. Name and address of Employer (including trade name, if any). Name Trade Name, if any: | derived income or other economic benefit of an represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. | | | |
| P.O. Box, Bidg., Room No., if any | | | | |
| Street | 7.b. Amount. | | | |
| City | The Bill (Color) is all interests in the Bill of the B | | | |
| State ZIP Code + 4 | Section of the state of the section and the section of the section | | | |
| Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | |
| Signed Si | On 08/05/05 816-921-1700 Date Telephone Number | | | |

| Name of Person Filing Scott L. Ritzinger | File Number U- | |
|--|--|--|
| B. Held an interest in or desired in | | |
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the business actively seeking to represent, or | |
| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name | | |
| Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any | b. Trust | |
| Street | c. Employer | |
| City | | |
| State ZIP Code + 4 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | The second secon | en e |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | 11.b. Approximate dollar value of such dealing. | And private system separate page seasons in the seasons of the sea |
| State ZIP Code + 4 | 12.a. Nature of interest held or income received. | Anne (Charles 2000), reposition of the Charles of American American (Anne), and the sequence (Alles Charles and |
| Annual Control of the | | |
| | | |
| | | |
| | 12.b. Amount. | and the second second control of the second |
| . Received from any employer (other than an employer covered und | er parts A and B above) | |
| a. Name and address of Employer or Labor Polations Consultant | / or other thing of value. 14.a. Nature of payment. | |
| (moduling trade name, if any). | payment. | man and produced in the contract of the contra |
| ame Arnold Newbold Winter Jackson | | |
| rade Name, if any: | | |
| O. Box, Bldg., Room No., if any Suite 1600 | Christmas Gift Certificate | |
| treet 1125 Grand Boulevard | | The second secon |
| Kansas City | | |
| ate MO ZIP Code + 4 64106-2503 | **Andrew Arts - Market Advances - Again, and a ball, a day a ball of the same | The state of the s |
| B.b. Is the Business an Employer or Consultant X ? | 14.b. Amount of payment. | \$50.00 |
| LM-30 (2003) | | \$50.00 |

| Name of Porner Cilian Co. | | |
|--|--|--|
| Name of Person Filing Scott L. Ritzinger | | File Number U- |
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ott of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the business actively seeking to represent, or | 3 |
| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
| Name | company of the compan | |
| Trade Name, if any: | a. Labor Organizat | ion |
| P.O. Box, Bldg., Room No., if any | b. Trust | , |
| Street | c. Employer | |
| City | | |
| State ZIP Code + 4 | F-word | · |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealin | g. |
| Name | | A STATE OF THE STA |
| Trade Name, if any: | of details of the second of th | |
| P.O. Box, Bldg., Room No., if any | To selection and | |
| Street | | AND THE RESIDENCE OF THE SECOND STREET OF THE SECOND SECON |
| City | 11.b. Approximate dollar value | The state of the s |
| State ZIP Code + 4 | 12.a. Nature of interest held | Of income received. **Constitute the state of the presentation of the state of the |
| And the state of t | | |
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| | The Control of the Co | |
| | description out (deptiments) to be made prior as refer to the appropriate service. The | |
| | 12.b. Amount. | And the control of th |
| C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | |
| Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | |
| Name Mark & Burkhead | | |
| Trade Name, if any: | Christmes C | ift Certificate |
| P.O. Box, Bldg., Room No., if any | CHIISCHAS G. | ill Certificate |
| Street 4501 Emanuel Cleaver II Boulevard | | |
| City Kansas City | | |
| State MO ZIP Code + 4 64130-2368 | n e e e e e e e e e e e e e e e e e e e | |
| 13.b. Is the Business an Employer or Consultant X ? | 14.b. Amount of payment. | a dia diamentana diamentanya menjada menjada dia 2000 diamentanya diamentanya diamentanya diamentanya menjadah diamentanya dia |
| 5. Consultant A | | \$25.00 |